

**GRANT TRANSFER
BETWEEN INSTITUTIONS**

For OSP Use Only OSP# _____ Reviewer _____ All required documentation received: Yes ___ No ___ Date copy to ORSP: _____
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Principal Investigator: _____
Sponsor: _____
Award No.: _____
Dates of Award: _____
Effective Date of Transfer*: _____
Date Sponsor was Notified of Transfer: _____
Amount to be Transferred: _____
Name of Non-VCU Institution: _____
Contact Name, Address, Phone & E-mail of Non-VCU Institution: _____

Will equipment purchased on this grant be transferred?	Yes	No
If yes, provide the following information for all equipment on a separate sheet – name of equipment, model and serial number, original acquisition cost. Include the VCU Property Identification Number and Account used for purchase for items being transferred to another institution.		
Has any intellectual property been developed under this grant?	Yes	No
If yes, list intellectual property: _____		
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All technical reports due by transfer date have been submitted.	Yes	No
Attach copies of transmittal letters.		
Have all human subjects/animal protocols in your name been appropriately transferred or administratively closed?	Yes	No
Attach copies of transfer or closure memos.		
For transfers to other institutions: Data agreement has been executed in accordance with Office of Research Policy on Research Data Ownership, Retention, and Access		
	Yes	No
http://www.assurance.vcu.edu/Policy%20Library/Research%20Data%20Ownership,%20Retention%20&%20Access.pdf		

I agree with the information provided above and transfer of the grant as indicated is approved.

_____ Principal Investigator	_____ Date
_____ Department Chair	_____ Date
_____ Dean	_____ Date
_____ University Authorized Official	_____ Date

*First day at VCU if transferring in/first day at Non-VCU institution if transferring out
Grant # ___ of ___ Total Grants